



MONTANA SECRETARY OF STATE TRAINING REQUEST AND APPROVAL FORM

Complete the following information and submit this form to your supervisor for final approval. The Division Deputy will also need to sign the form. The original form will be placed in your personnel file and retained by Human Resources.

Division:
Employee Name:

Supervisor:
Position Title:

Training Requested:
Date of Course:

Length of Course:
Location:

Reason / Benefit of Training:

Costs (fees, travel, room, meals/per diem, tuition, materials): Please explain:

TOTAL COST:
Division Pays

Employee Pays

Type of Leave Requested: ☐ Regular Working Hours
☐ Annual Leave ☐ Comp. Time ☐ Leave Without Pay
Other (Explain)

Comments:

Agency Approval

Employee Signature

Date

Supervisor Signature

Date

Division Deputy Signature

Date

Chief Deputy
(Required for out of state travel/training only)

Date